

Entered - 9-5-01 - sb  
CL 01L0555- GWENDOLYN BURNS

CLAIM OF: WILLIAM G. EPPS  
5160 Bruce Place  
Atlanta, Georgia 30331-7602

01- R -1552

For vehicular damages alleged to have been sustained as a result of a  
pot hole in the roadway at Research Center Atlanta Drive on August 24,  
2001.

THIS ADVERSED REPORT IS  
APPROVED

BY: Rosalind Rubens Newell by  
ROSALIND RUBENS NEWELL  
DEPUTY CITY ATTORNEY Robert N. Cy DCA

C-32

DEPARTMENT OF LAW - CLAIM INVESTIGATION SUMMARY

Claim No. 01L0555

Date: September 12, 2001

Claimant /Victim WILLIAM G. EPPS  
BY: (Atty) (Ins. Co.) \_\_\_\_\_  
Address: 5160 Bruce Place, Atlanta, Georgia 30331-7602  
Subrogation: \_\_\_\_\_ Claim for Property damage \$ 93.28 Bodily Injury \$ \_\_\_\_\_  
Date of Notice: 9/4/01 Method: Written, Proper X Improper \_\_\_\_\_  
Conforms to Notice: O.C.G.A. §36-33-5 X Ante Litem (6 Mo.) X  
Date of Occurrence 8/24/01 Place: Research Center Atlanta Drive  
Department \_\_\_\_\_ Division \_\_\_\_\_  
Employee involved \_\_\_\_\_ Disciplinary Action: \_\_\_\_\_

NATURE OF CLAIM: Claimant alleges that his vehicle sustained damage when he drove over a pot hole in the roadway. However, the location of Claimant's incident falls outside the City's jurisdiction. The Claimant has been advised of same and his claim is being forwarded to Fulton County Government for resolution.

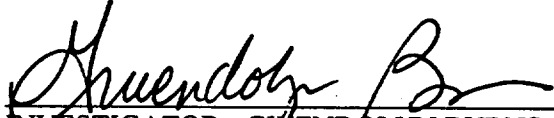
INVESTIGATION:

Statements: City employee \_\_\_\_\_ Claimant \_\_\_\_\_ Others X Written \_\_\_\_\_ Oral X  
Pictures \_\_\_\_\_ Diagrams \_\_\_\_\_ Reports: Police \_\_\_\_\_ Dept Report \_\_\_\_\_ Other X  
Traffic citations issued: City Driver \_\_\_\_\_ Claimant Driver \_\_\_\_\_  
Citation disposition: City Driver \_\_\_\_\_ Claimant Driver \_\_\_\_\_

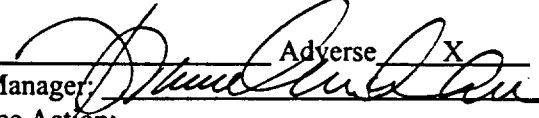
BASIS OF RECOMMENDATION:

Function: Governmental \_\_\_\_\_ Ministerial \_\_\_\_\_  
Improper Notice \_\_\_\_\_ More than Six Months \_\_\_\_\_ Other X Damages reasonable \_\_\_\_\_  
City not involved X Offer rejected \_\_\_\_\_ Compromise settlement \_\_\_\_\_  
Repair/replacement by Ins. Co. \_\_\_\_\_ Repair/replacement by City Forces \_\_\_\_\_  
Claimant Negligent \_\_\_\_\_ City Negligent \_\_\_\_\_ Joint \_\_\_\_\_ Claim Abandoned \_\_\_\_\_

Respectfully submitted,

  
INVESTIGATOR - GWENDOLYN BURNS

RECOMMENDATION:

Pay \$ \_\_\_\_\_ Adverse X Account charged: 1A01 \_\_\_\_\_ 2J01 \_\_\_\_\_ 2H01 \_\_\_\_\_  
Claims Manager:  Concur/date 09-14-01  
Committee Action: \_\_\_\_\_ Council Action \_\_\_\_\_

COUNCIL OF THE CITY OF ATLANTA  
MUNICIPAL CLERK  
City Hall  
55 Trinity Avenue, S.W.  
Atlanta, Georgia 30335

BURNS  
09/04/01  
RE: CLAIM FOR DAMAGES

Today's Date: 8/30/01

ENTERED - 9-5-01 - SB  
01L0555 - GWEN BURNS

Dear Municipal Clerk:

This is to notify the City of Atlanta that I have suffered damages in the amount sum of \$ 93.28 property and/or \$ 0 bodily injury for which I contend the City is liable.

1. Date of incident: 8/24/01 2. Time of Incident: 8:45 PM 3. Police called: Yes ☒ No

4. Location of incident (including street address): Research Center Atlanta Drive

5. Name of your insurance company: Beica Casualty Co. Policy No. 3127102

6. State what and how incident occurred: I had left Home Depot and as I passed the library drive way, Southwest Regional, heading toward Cascade Road, I hit pot hole blowing out one tire and severely damaging another, had to purchase two

7. ALL ESTIMATES AND DAMAGES ARE SUBJECT TO INSPECTION. THE MAKING OF FALSE CLAIMS WILL RESULT IN YOUR CLAIM BEING DENIED AND MAY RESULT IN CRIMINAL PROSECUTION!

8. The registered owner must make the claim for vehicle damages, complete the following and attach two (2) estimates of repair and proof of ownership of your vehicle (copy of the current tag receipt or title). *Continued on back*

Your vehicle: "96" Ford Escort 174 CL William C. Epps  
(Make) (Year) (Tag Number) (Driver's Name)

City vehicle: \_\_\_\_\_  
(Make) (City Driver's Name) (Department/Bureau)

9. Witness: \_\_\_\_\_  
(Name) (Address) (Telephone Number)

10. The acknowledgment of this claim in no way waives the Sovereign immunity of the City of Atlanta, as granted by State law, nor is it an admission of liability on behalf of the City of Atlanta and/or its employee(s).

11. This claim should be mailed immediately to the address shown above.

I HEREBY SWEAR OR AFFIRM THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

William C. Epps  
Signature of Claimant

William C. Epps  
(Print Claimant's Name)

5160 Bruce Place  
(Address)

Atlanta, Georgia 30331-7602  
(City, State and Zip Code)

404-349-0607  
(Work Number) (Home Number)

Due to the darkness at that hour of  
the evening, 8:45 p.m., I could <sup>not</sup> see the  
pothole, and was unable to avoid running  
into it.